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CRISS-CROSS DARTOS FLAPS AND TUBULARISATION OF THE URETHRA WITH OR WITHOUT INCISION OF THE PLATE: A SINGLE SURGEONS EXPERIENCE

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Aim: To report the outcomes of a single surgeon's experience using criss-cross dartos flaps over a tubularised urethroplasty with(TIP) or without(TU) incision of the plate for distal hypospadias between 2013-2015.

Methods: Independent analysis of a prospective database was performed. Relevant data and outcomes were then extracted with regards to the specific technique mentioned above.

Results: A total of 142 patients underwent corrective surgery for distal hypospadias. Of these, 37 were excluded due to lack of follow up or different surgical techniques, leaving 105; TU(33) and TIP (72). All patients had criss-cross dartos flaps as a waterproofing layer. The size of the drainage tubes used were either 8F (40) or 10F (65). Since 2014, Synechiae were identified and divided before incising the plate if necessary compared to 2013 when 39 out of 41 plates were incised prior to tubularisation. in 2014 and 15, of a total 64 cases, the plate was incised in only 33 cases. The mean age at operation was 30 m (13m-15y) with average follow up of 9.3m (SD 6.4m). Uroflowmetry was performed in 40(38.09%), giving an average Qmax of 10.8mls/sec (SD 4.53). Of the patients with uroflow, 30(41) had op-2013; 10(32)- 2014; 0(32)-2015. Most patients post 2014 are awaiting uroflow once toilet trained. Complications (4.76%) were noted in 5 patients (TU 3; TIP 2) - fistula(2; 1.9%), meatal stenosis (2; 1.90%), and torsion (1; 0.95%).

Conclusions: When performed by an experienced surgeon, the use of DF with TU or TIP gives excellent clinical outcomes and a low complication rate. Irrespective of whether the urethral plate was incised or not, there was no difference in the morbidity. Use of criss-cross dartos flaps and large bore drainage tubes could be contributory factors accounting for the low morbidity. Careful midline division of synechiae could obviate the need to incise the urethral plate.